



## Registration Form

### Archaeology Camp 2016

**Primary sponsors: South Dakota State Historical Society/Historic Preservation Office (SHPO),  
and U.S. Army Corps of Engineers**

**Archaeology Camp 2016** is for students going into grades 4-6 (no exceptions) for the 2016-2017 school year. Camp dates are June 7-9, 2016, from 8 a.m. to 5 p.m. The program is structured for students to attend all 3 days. If a camper cannot attend all 3 **full** days, they should not sign up. Registration is limited to the first 20 applicants, first-come, first-served. **No walk-in campers will be accepted on camp days.**

Registration will begin on May 2, 2016 at 10 a.m. and will close when the camp is full or on May 13, 2016, whichever comes first. The registration fee of \$30, **payable to SDHSF**, should accompany these forms unless they are being e-mailed or faxed. Debit and credit cards are not accepted.

Payment and forms may be dropped off in Administration at the Cultural Heritage Center, 900 Governors Drive, Pierre, or mailed to Archaeology Camp, 900 Governors Drive, Pierre, SD 57501. **Registrations may be scanned and e-mailed to [Paige.Olson@state.sd.us](mailto:Paige.Olson@state.sd.us) or faxed to Paige at 605-773-6041. Payment must be received no later than May 20, 2016.**

A letter will be sent to parents or guardians before the camp begins detailing what campers need to bring and other specifics.

For more information on the Archaeology Camp, please contact Paige Olson at 605-773-6004 or by e-mail at [Paige.Olson@state.sd.us](mailto:Paige.Olson@state.sd.us).

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#### PLEASE TYPE OR PRINT CLEARLY.

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(2016-2017)

T-shirt Size: Youth S (5-6) \_\_\_\_ Youth M (7-8) \_\_\_\_ Youth L (10-12) \_\_\_\_ Youth XL (adult S) \_\_\_\_

Does your child have any food and/or environmental allergies of which we should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate. \_\_\_\_\_

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Parent/Guardian Name/s \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian Place of Work \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian Place of Work \_\_\_\_\_ Work phone \_\_\_\_\_

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Emergency Contact Name (if parent/guardian not available) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone, work \_\_\_\_\_ Phone, home \_\_\_\_\_ Phone, cell \_\_\_\_\_

*Please identify any individual, other than the parent/guardian, who has permission to pick up your child.*

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

\_\_\_\_\_ My child has permission to walk from the Cultural Heritage Center, 900 Governor Drive to the following location as a final destination after camp. \_\_\_\_\_

How did you find out about the camp? ☐ Teacher/School ☐ Summer Rec Brochure ☐ Radio ☐ Newspaper

Please check all that apply.

☐ Historic Preservation Website ☐ Word of Mouth

☐ Other, please explain \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**If your child is overly disruptive, we will call you to come get him or her.**

Page down for release forms (2 pages).

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY  
AGREEMENT AND CONSENT TO MEDICAL TREATMENT FOR ARCHAEOLOGY CAMP 2016**

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in **Archaeology Camp 2016**.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota and the US Army Corps of Engineers, their officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;

2. Agree to indemnify and hold harmless the State of South Dakota and the US Army Corps of Engineers, their officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;

3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and

4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**PLEASE TYPE OR PRINT CLEARLY.**

Minor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address ☐ same as above, or

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## RELEASE FOR MEDIA RECORDING FOR ARCHAEOLOGY CAMP 2016

I hereby grant permission to South Dakota State Historical Society and the US Army Corps of Engineers to use any images of the **Archaeology Camp 2016** participant, \_\_\_\_\_, including the display, distribution, publication, transmission or otherwise use of photographs, images, and/or video taken of the participant for use in materials that include, but are not limited to, printed materials such as brochures and newsletters, videos and digital images such as those used on the South Dakota State Historical Society and the US Army Corps of Engineers websites.

I further agree that these images may be used without further notifying me.

\_\_\_\_\_  
Typed or Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date